

CLAIMS ONLY						Application Number <i>10191900</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						
2							
3		1					
4		1					
5		1					
6		1					
7		1					
8		1					
9	1	-					
10		1					
11		1					
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49							
50							
Total Indep							
Total Depend							
Total Claims							